

|                             |                         |              |   |                                   |
|-----------------------------|-------------------------|--------------|---|-----------------------------------|
| SERIAL NUMBER<br>09/473,649 | FILING DATE<br>12/28/99 | CLASS<br>705 | GROUP ART UNIT<br><del>2768</del><br>2167 | ATTORNEY DOCKET NO.<br>07019.0004 |
|-----------------------------|-------------------------|--------------|---|-----------------------------------|

APPLICANT

AMY MULDERRY, NEW YORK, NY; WILLIAM J. STUTZMAN, BRANFORD, CT; HOLLEY VANTREASE, NEW YORK, NY.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

*[Signature]*

(None)

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

*[Signature]*

(None)

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

*[Signature]*

(None)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/04/00

|   |  |                           |                         |                        |                            |
|---|--|---------------------------|-------------------------|------------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met         | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>NY | SHEETS<br>DRAWING<br>11 | TOTAL<br>CLAIMS<br>317 | INDEPENDENT<br>CLAIMS<br>7 |
| Verified and Acknowledged <i>[Signature]</i><br>EXAMINER'S INITIALS |  |                           |                         |                        |                            |

ADDRESS

FINNEGAN HENDERSON FARABOW GARRETT &  
DUNNER  
1300 I STREET NW  
WASHINGTON DC 20005-3315

TITLE

METHOD AND APPARATUS FOR MARKETING PRODUCTS OVER THE INTERNET

|                                       |   |   |
|---------------------------------------|---|---|
| FILING FEE<br>RECEIVED<br><br>\$1,400 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|---------------------------------------|---|---|